Bernalillo County Healthcare Task Force

Community Meeting Comments • June 19, 2014

Taylor Ranch Community Center

The following comments are from notes that were written on flip charts during the meetings in June 2014. These notes are intended to accompany the audio recording of each meeting. At each meeting, following a brief presentation on the Healthcare Task Force's purpose, participants were invited to offer how to improve healthcare in Bernalillo County, particularly how to improve the healthcare safety net. Ideas include both areas of concern (that the Task Force should focus on) and recommendations. All comments are presented in chronological, rather than thematic, order. Each primary bullet represents a different speaker; indented bullets are part of that person's comments.

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- Doña Ana and Sandoval Counties have healthcare models (for indigent care) to emulate.
    - For charity care, the County should retain 2.4 mils to build a healthcare safety net for all County residents; and to build a system where the County and the community are real partners in providing healthcare.

- We have an opportunity to create a system of healthcare that is a model for the whole state.
    - Up till now, UNM has seemed resistant to making any changes toward this end. UNM needs to negotiate in good faith with the County to establish an effective healthcare safety net.
    - UNMH refers people to collections very quickly—much too quickly, exacerbating the medical debt problem.
    - It is in UNM's interest to help build a more community-based system: Many people may oppose the mill levy when it comes up in 2016, and it is in everyone's interest to work together to make sure that it is passed and that it supports a more community-friendly system.

- Is there a Native American on the Task Force? Who is representing the interests of Native Americans? What is the plan for collaborating with neighboring Tribes during this process?
    - More training and overall awareness is needed of the social disparities in Native communities. Native Americans face many examples of social injustice, which contributes to people having health problems. We need to all work on decolonizing our attitudes and relationships.
    - There are offices/agencies within UNM that advocate for tribal communities and members, who could be helpful in improving healthcare in the County.
    - It is important, working with Native Americans, to use a recovery model to help overcome the stigma attached to mental health issues.

- We need to do more outreach to get people to attend [these] community meetings.
    - Reach out to the West Side Coalition and other neighborhood associations.

- UNMH sends 90% of uninsured patients to collections—but only has a 3-5 % recovery rate/response. Also, UNMH sends Native American patients to collections—which may be illegal.

- Provide more funding to the Pathways Program. People leave MDC without healthcare.

- Sending people to collections is not part of a <u>wellness</u> model. And it further impoverishes people.

- There are UNMH programs that are good—if you can get people <u>into</u> them.

- There are not very many opportunities to plan together as a community. We need a genuinely community-based process with more transparency in planning, establishing performance indicators, and monitoring progress.
   - Also, programs that rely on a social determinants of health model, such as Pathways, should be strengthened.
   - At this point, the barriers to care that people face—administrative forms, unfriendly attitudes, a difficult-to-navigate system—seem purposeful.

- I am concerned about access to women's reproductive health, especially within immigrant communities in the County.

- The rationale that Federal law prohibits UNMH from providing healthcare to undocumented people lease to a policy that excludes <u>legal</u> immigrants, as well. Also, it turns clerical personnel into immigration agents.
   - Also, non-profit and charitable organizations are exempt from the Federal law referenced above.